

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031426

1. Entity Name

PROFESSIONAL RESTORATION SPECIALIST, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 008 ***150.00

Principal Place of Business

Mailing Address

3025 RIDGEWAY AVENUE
W PALM BEACH FL 33405

3025 RIDGEWAY AVENUE
W PALM BEACH FL 33405-1327

2. Principal Place of Business

3. Mailing Address

P.O. BOX 6095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33405-6095

USA

4. FEI Number

65-0657247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTOLA, BERNARDO
222 LAKEVIEW DRIVE
SUITE 930
W PALM BEACH FL 33401

Name

BERTHA DIAZ

Street Address (P.O. Box Number is Not Acceptable)

3240 S. DIXIE Hwy

City

WEST PALM BEACH

FL

Zip Code

33405-1510

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CASTRO, JUAN A	% 3025 RIDGEWAY AVENUE W PALM BEACH FL 33405	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-02-2000 (561) 655-7305

CR2E034 (9/99)